

Date Submitted: \_\_\_\_\_

Submitted To: \_\_\_\_\_

Dates Updates Completed: \_\_\_\_\_



Stanislaus Valley Groups of Narcotics Anonymous

P.O. Box 578399

Modesto, CA 95357

[www.svgna.com](http://www.svgna.com)



*Please review your meeting information on the Meeting Directory. Fill in blanks on this form **ONLY** if you need changes made on the Meeting Directory or on the Website for your meeting information.*

**Meeting Schedule Information Changes  
(ONLY FILL IN INFORMATION THAT NEEDS TO BE CHANGED!)**

Meeting Information Needed:	OLD Meeting Information	NEW Meeting Information
Name of Group:		
Day & Time Group Meets:		
Name of Place & Address Where Group Meets:		
Your Name, Telephone # & Position:		

Use the information below to ensure that your meeting has the correct information and code applied.

- Meeting Code Key -
- BM** = Birthday Meeting
  - BS** = Book Study
  - C** = Closed, Addicts Only
  - CH** = Chip Meeting
  - CL** = Candlelight Meeting
  - CW** = Children Welcome
  - IP** = Information Pamphlet
  - MM** = Men's Meeting
  - NW** = No Wheelchair
  - PS** = Personal Stories
  - QA** = Questions & Answers
  - RL** = Revolving Literature
  - S** = Smoking
  - SP** = Speaker Meeting
  - SS** = Step Study
  - WM** = Women's Meeting
  - NV** = No Mtg. Verification

***Return completed form to the Public Information Representative at the monthly ASC meeting.***